

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/763239

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		2		/		
4		D		/		
5		D		/		
6		D		/		
7		D		/		
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TOTAL IND.	2		2			
TOTAL DEP.		4		4		
TOTAL CLAIMS	2	4	2	4		

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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